



AT A GLANCE

# WISEWOMAN

## A Crosscutting Program to Improve the Health of Uninsured Women 2006



*"As part of CDC's new Division for Heart Disease and Stroke Prevention, WISEWOMAN will be an integral part of the nation's efforts to reduce heart disease and stroke among the most vulnerable Americans."*

Darwin R. Labarthe, MD, MPH, PhD  
Acting Director, Division for Heart Disease and Stroke Prevention, CDC

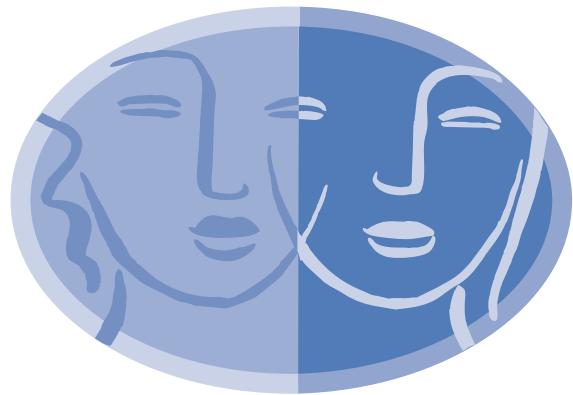
## Increased Health Risks for Uninsured Women

During 1999–2002, 14% of U.S. women aged 40–64 did not have health insurance. Uninsured women are more likely to be members of minority racial and ethnic groups, to have less education, and to be poorer than insured women. Their ability to pay for health care is limited. Uninsured women may be especially vulnerable to cardiovascular disease and other chronic diseases because they are more likely than insured women to smoke cigarettes and to be overweight. They also are less likely to engage in physical activity and to be aware of their cholesterol and blood pressure levels.

Among women aged 40 years or older, 71% of those who are insured report having had a mammogram in the previous year, compared with only 46% of uninsured women. Uninsured U.S. adults also are less likely to be screened for high blood pressure and high cholesterol and to be advised by a health care professional to lose weight and quit smoking.

### Cardiovascular Disease: The Leading Cause of Death Among Women

Although heart disease and stroke are commonly believed to affect men primarily, more than half of all people who die of one of these diseases are women. Among women, heart disease and stroke are the first and third leading causes of death. More than 500,000 women die of heart disease or

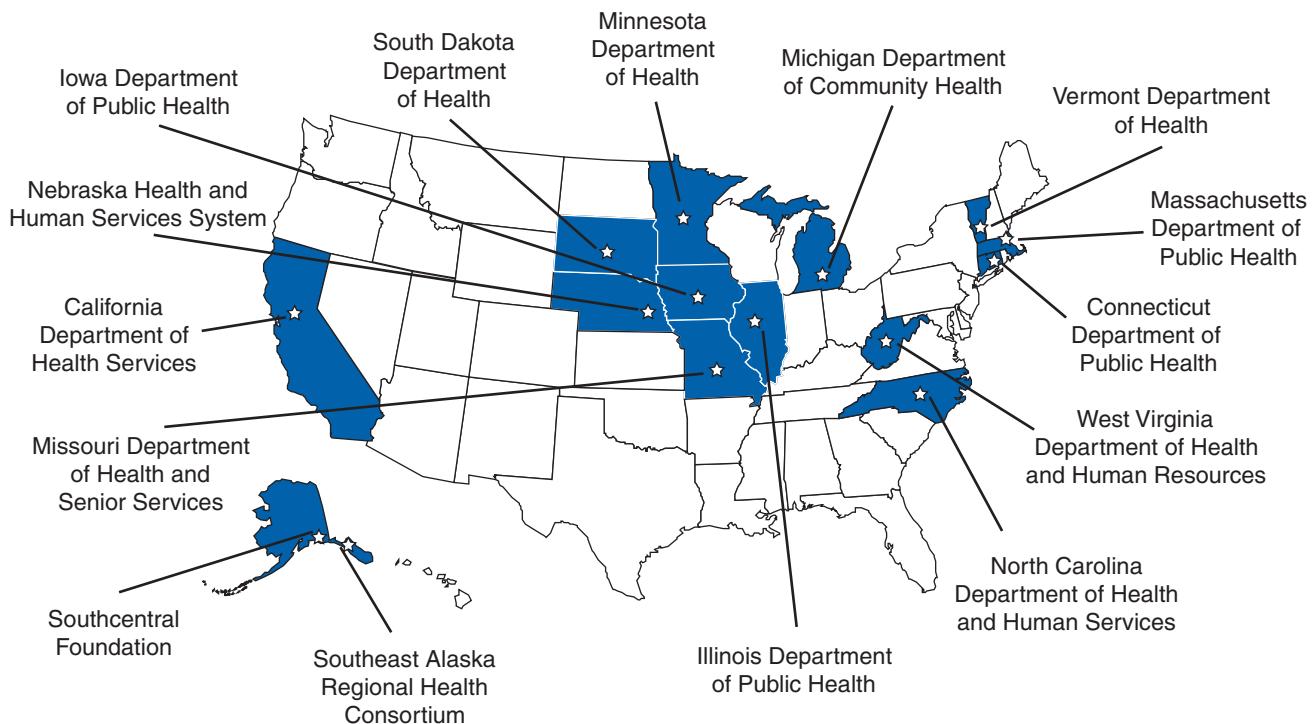


## WISEWOMAN™

Well-integrated Screening and Evaluation  
for Women Across the Nation

stroke each year in the United States. Addressing risk factors such as high cholesterol, high blood pressure, diabetes, obesity, physical inactivity, and smoking greatly reduces women's risk for illness and death from heart disease. However, screening, intervention, and treatment services for these risk factors are often beyond the reach of uninsured women.

### CDC's WISEWOMAN Projects, Fiscal Year 2006



## CDC's Leadership in Promoting Healthy Lifestyles

WISEWOMAN is a CDC-funded program that helps women with little or no insurance gain access to screening and lifestyle interventions that can reduce their risk for heart disease and other chronic diseases. The WISEWOMAN program was established through 1993 legislation that authorized the expansion of services offered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to include screenings and interventions for chronic disease risk factors.

For fiscal year 2006, Congress allocated \$13 million to fund WISEWOMAN projects. Women who qualify for this program are participants in NBCCEDP who are aged 40–64 and have little or no health insurance. Many of these women are members of racial and ethnic minority populations and have risk factors for heart disease and stroke.

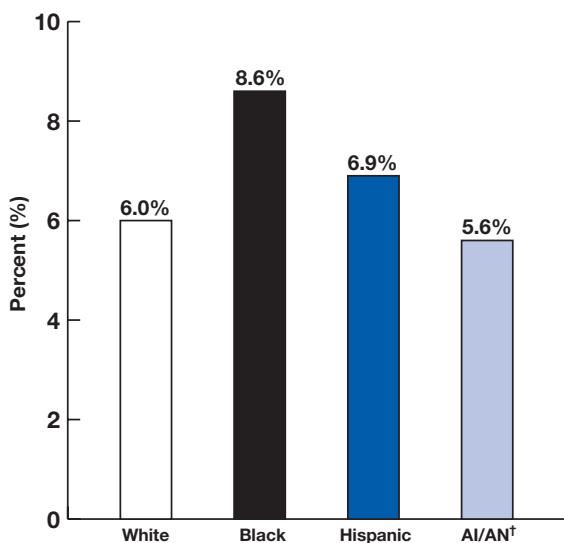
In 1995, CDC launched WISEWOMAN demonstration projects in three states—Massachusetts, North Carolina, and Arizona. In their first year, these projects demonstrated that offering screening tests for chronic disease risk factors to women in the NBCCEDP was feasible and well accepted by providers and participants. Lifestyle interventions are designed to change behavioral risk factors for chronic diseases, especially physical inactivity and unhealthy diets. Each project tested different interventions to determine which ones worked best for their

populations. Specific interventions included structured counseling, physical activity classes, and walking groups. Early studies of the effectiveness of selected interventions found that participants reported reducing the fat in their diets and becoming more physically active.

### Increasing the Reach of WISEWOMAN

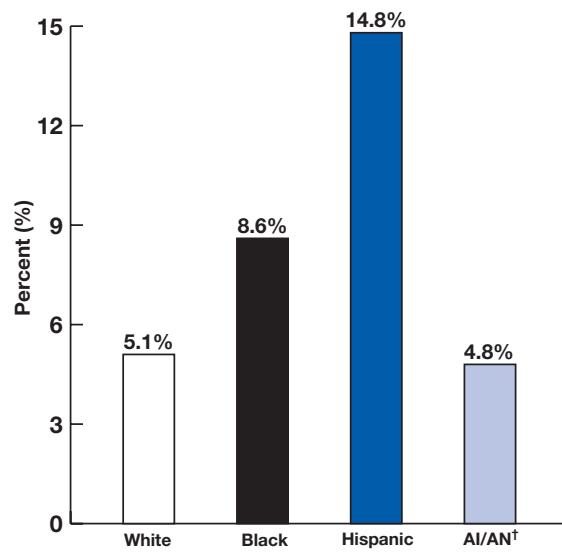
Since the program's initial funding in 1995, WISEWOMAN has gradually expanded its reach. From the initial three projects in three states, the program has grown to include 15 projects in 14 states as of June 2005. From January 2000 through June 2005, more than 45,000 women were screened for risk factors for heart disease and stroke, and about 119,000 lifestyle intervention sessions were provided. The women who enrolled in the program during this period were at high risk for heart disease and stroke—74% were overweight or obese, 27% smoked, 24% had high blood pressure, and 22% had high cholesterol. Program results are shown in the bar charts below. Women who smoke are at higher risk of having a heart attack or stroke than nonsmokers. With the right tools and information, women who participate in WISEWOMAN programs are more likely to quit smoking and make other healthy lifestyle choices. WISEWOMAN emphasizes smoking cessation as a way to improve the cardiovascular health of women at risk.

**Reduction in Cardiovascular Disease Risk\* Among WISEWOMAN Participants After 1 Year, January 2000–June 2005**



\* Defined as the probability of a cardiovascular event in the next 5 years; calculated using the following factors: sex, age, blood pressure, cholesterol levels, smoking status, and diabetes status.  
† American Indian/Alaska Native.

**Reduction in Smoking Rates\* Among WISEWOMAN Participants After 1 Year, January 2000–June 2005**



\* Smoking status is self-reported. Women were asked, "Do you now smoke cigarettes?"  
† American Indian/Alaska Native.

# WISEWOMAN: Fostering Community Partnerships to Improve Women's Health

Community partnerships help to strengthen WISEWOMAN projects. By pooling resources and sharing lessons learned, WISEWOMAN programs and their partners can provide underserved women an array of health services they otherwise would not receive. In addition, WISEWOMAN goes a critical step further by providing skill-building opportunities and quality education about risk factors and by promoting support groups to help women change and maintain healthy behaviors. This additional access and support is illustrated by the following examples from *WISEWOMAN Works: A Collection of Success Stories on Empowering Women to Stop Smoking* (available online at <http://www.cdc.gov/wisewoman>).

## Smoking Cessation in Connecticut

The Hartford Hospital WISEWOMAN clinic in Connecticut targets many of its services to Spanish-speaking women aged 40 or older because nearly 70% of its WISEWOMAN participants are Latina. Although the clinic's staff members speak Spanish, the hospital does not have resources for a smoking cessation program for this population. Women who smoke are referred to the Connecticut Quitline, where they can talk with a counselor who speaks a language and dialect they can understand.

Referring women to the Quitline provides them with convenient, safe, and anonymous access to smoking cessation support services. By promoting the Quitline, the WISEWOMAN program can help Latina women in Connecticut quit smoking without increasing its costs.

## Building Partnerships in Michigan

In Michigan's Menominee and Delta counties, about 25% of women smoke. This section of the Upper Peninsula is rural, and the average income is \$18,000. To help women in this area quit smoking, the WISEWOMAN program partnered with the local Community Tobacco Reduction Coalition to apply for funding from the Michigan chapter of the March of Dimes. This funding will be used to 1) create a smoking cessation resource guide, 2) offer a smoking cessation program called the 5 A's (Ask, Assess, Advise, Assist, and Arrange) at clinics that serve women, 3) develop a smoking cessation support group and class, 4) work with local media to support these efforts, and 5) support local efforts to reduce secondhand tobacco smoke.

## Helping Women Quit Smoking in Alaska

When the Southeast Alaska Regional Health Consortium's (SEARHC) WISEWOMAN project was established in 2000, few health care organizations in Alaska had programs to help people quit using tobacco. After years of trying, many health care providers did not know how to help residents break their dependence on nicotine.

WISEWOMAN staff members set up a quit tobacco program and helped convince residents that they could change their unhealthy habits. They placed trained counselors and other professionals at clinics

in Sitka, Juneau, Haines, and Klawock. In these clinics, staff began screening WISEWOMAN participants for tobacco use and offering them

treatment and counseling. Since then, demand for cessation counseling has grown among the state's WISEWOMAN participants, more than 25% of whom use tobacco.

## Future Directions

The WISEWOMAN program is unique because it addresses multiple health needs of women by partnering with other CDC programs and by providing comprehensive interventions that help participants adopt healthier lifestyles. As a program in the new Division for Heart Disease and Stroke Prevention, WISEWOMAN will work with CDC's Office on Smoking and Health, Division of Diabetes Translation, Division of Cancer Prevention and Control, and Division of Adult and Community Health to help women stop smoking; reduce their risk for heart disease, stroke, and diabetes; increase their physical activity levels; and improve their diet.

CDC also has evaluated WISEWOMAN projects to learn which intervention strategies work best. During fiscal year 2006, CDC will promote these strategies to grantees, health educators, and other health care professionals.



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